



TEMPORARY USE PERMIT APPLICATION

(Effective 7-1-17 through 6-30-18)

Development Services Department
4200 Mills Civic Parkway
West Des Moines, Iowa 50265-0320

- ☐ \$25.65 Fee Received (maximum 2 day duration)
- ☐ \$52.30 Fee (events that are allowed longer than 2 days, such as produce stands, etc.)
- ☐ \$282 Fee (Long term food & beverage) + \$750.00 deposit
- ☐ \$52.30 Fee (Garden Centers, large structures, greenhouses, etc.) + \$500.00 Deposit

Applicant's Name (print): _____ Phone # _____ Fax # _____

Applicant's Signature: _____ Applicant's E-mail Address: _____

Applicant's Mailing Address: _____

Property owner's name: (If other than applicant) _____ Phone # _____

Property owner certification: As the property owner, or the authorized representative, I hereby authorize the applicant listed above, to use my property in the manner indicated within this application. I further acknowledge my understanding that the City limits the number of temporary use events that may occur on my property and my signature on this application authorizes the applicant to use one of the temporary events allowed.

Property owner or Authorized Representative's signature: _____ Date: _____

E-mail Address: _____

Address of property (where event is to be held): _____

Proposed activity (describe any signs and equipment/materials to be used that might create noise, hazardous waste, or odors and provide any additional information that pertains to the temporary use) **Please include a drawing of the layout of the event with the application:**

Date and time(s) of activity: _____ Approximate number of people attending: _____

Is any portion of a parking lot involved in the use? Yes ☐ No ☐ If yes, how many total parking spaces will be utilized? _____

Is a tent, canopy, or membrane structure being utilized? Yes ☐ No ☐ Has Tent Permit from Fire Department been issued? Yes ☐ No ☐

A site plan (min. 8 1/2" x 11") showing the location and layout of the proposed activity is required. Has this been included? Yes ☐ No ☐

Will liquor be served as part of the event? Yes ☐ No ☐ If yes, has liquor permit been secured? Yes ☐ No ☐

If the activity is proposed in a City park, permission from the Parks Department is required. Has this been given? Yes ☐ No ☐

Will amplified sound used as a part of the event? Yes ☐ No ☐ If yes, has Sound Permit been issued? Yes ☐ No ☐

APPLICANT'S CERTIFICATION - I hereby certify under penalty of perjury that the statements furnished including the drawing, present all information required for this applicant, and that the facts, statements and information presented are true and correct, and based upon my personal knowledge. I hereby acknowledge my obligation to comply with the West Des Moines Municipal Code as it pertains to my business and to obtain any and all necessary City, County, State and Federal permits, approvals and/or clearances including but not limited to building and electrical permits, if applicable. Further, I hereby certify that I have read, understand and have received a copy of the conditions for the operation of the Temporary Use Permit and hereby agree to comply with such conditions. I also understand that should I fail to comply with the agreed upon conditions, my permit may be immediately revoked, I can be denied any future temporary use permits, and that all other applicable penalties, including prosecution may be pursued.

Applicant: _____ Date: _____

(City Use Only)

Application received by: _____ Date received: _____ Fee Receipt No. _____ Date: _____ Permit No. _____

The proposed activity is subject to the following approvals, which may be conditional, in addition to any other required permits.

Police Department - (515) 222-3320 (if liquor will be served) Approved by: _____ Date: _____

Fire Department - (515) 222-3420 (if tents or structures proposed) Approved by: _____ Date: _____

Development Services - (515) 222-3630 Approved by: _____ Date: _____

Conditions of Approval: _____